

Minutes
Substance Abuse and Child Safety Task Force
November 10, 2015 – 1:00 P.M.
Indiana Statehouse – Room 431

Members Present:

Mindi Goodpaster, Marion County Commission on Youth; Senator Randy Head, Chair; Suzanne O'Malley, Indiana Prosecuting Attorneys Council; Parri Black, Youth First, Inc.; Marc D. Kniola, Indiana Department of Correction, Division of Youth Services; Jessica Skiba, Indiana State Department of Health; Suzanne F. Clifford, Community Health Network

Members Absent: Cathy J. Boggs, Community Health Network; Carey Haley Wong, Child Advocates; Cathleen Graham, Indiana Association of Resources & Child Advocacy (IARCA); Lt. Kevin Hobson, Indiana State Police; C.J. Davis, Four County Counseling Center; Sirrilla Blackmon, FSSA - Division of Mental Health and Addiction; Lisa Rich, Indiana Department of Child Services

Staff Members Present: Mike Brown, Indiana State Senate

Call to Order: 1:05 P.M.

Approval of September 2015 Minutes:

No quorum

Presentations:

Barbara Seitz de Martinez, Deputy Director, Indiana Prevention Resource Center -

Barbara presented about prevention efforts to reduce teen prescription drug abuse.

The prevention approach for teen prescription drug abuse has 6 domains of influence: the individual, peers, school, family, community, and society. Social determinants of health include the neighborhood environment, health, social and community context, education, and economic stability.

There must be a focus on prevention. We must identify, measure, and address risk factors. Risk factors are conditions that increase the likelihood of a person becoming involved in drug use, delinquency, school dropout and/or violence. Also, we must identify, measure, and address protective factors. Protective factors are conditions that buffer a person from exposure to risk by either reducing the impact of the risks or changing the way the person responds to risks. It is a characteristic at the individual, family, school, community or cultural level that is associated with lower likelihood of problem outcomes and an increased likelihood of healthy, positive attitudes and behaviors.

Communities That Care System: The focus is on youth and implementation of protective factors. This is a highly interactive process which combines training, technical assistance, and evaluation feedback that includes assistance with assessment and data, capacity building, strategic planning, selection of appropriate evidence-based strategies, implementation, and evaluation.

Strategic Prevention Framework Approach: This is a new approach which includes a highly interactive process of training, technical assistance, and evaluation feedback. Its framework includes assistance with assessment and data, capacity building, strategic planning, selection of appropriate evidence-based strategies, implementation, and evaluation. The area that could use enhancement is community involvement.

The National Registry of Evidence-Based Programs and Practices is a registry provided by SAMHSA that lists evidence-based practices and can be found at <http://www.nrepp.samhsa.gov>. This is a great resource.

Fidelity is important. For programs to be effective there must be an adherence to program basics balanced with the need for adaptation. Also, the strategy picked must be right for the target audience.

Decreasing parental approval of drug use is important. Must educate parents to restrict access to prescription pills and have a program so parents can dispose of unused prescription drugs. According to a 2014 epidemiological profile, Indiana exceeds the national average pain reliever usage and treatment episodes for prescription drug abuse.
<http://www.healthpolicy.iupui.edu/PubsPDFs/2014%20State%20Epi%20Report.pdf>).

Drug Free Communities Program was established in 1997 and is aimed at preventing and reducing drug use among youth. Grants are awarded for five years with a maximum of 10 years. Coalitions can ask for up to \$125,000 per year and must provide at least a one-to-one match (cash, in-kind, donations, but no Federal funds) each year, with increases in years 8-10.

The Indiana Attorney General's Office has stated that 1 in 5 children abuse prescription drugs (bitterpill.in.gov).

Local Coordinating Councils assess the needs of the community and coordinate initiatives, design strategies, monitor anti-drug activities, and collect data and monitor data collection, and evaluate programs.

Partnerships for Success 2015 is a 5 year SAMSHA grant. About 70% of the money will focus on prescription drug abuse and 30% on alcohol abuse.

Indiana Youth Survey measures prescription drug abuse in Indiana. In 2015 122,076 youth and 324 schools were participating in this program. This program measures consumption, prevalence, risk and protective factors, behaviors, and environmental factors.

State Epidemiological Outcomes Workgroup (SEOW) is funded by DMHA with STPT BG “P” dollars. SEOW ranks counties based on their drug abuse problems, produces fact sheets for individual drugs, issues briefs on specific topics, and identifies emerging drugs. One SEOW workgroup has a goal reducing past year, non-medical use of pain relievers for those ages 12 and older from 5.3% to 4.8% and to reduce injection drug use among adults ages 18-34 from 15% to 13.5%.

Senator Head asked whether the SEOW ranking book is available online and if the National Registry of Evidence-Based Programs and Practices ranks based on effectiveness. Barbara affirmed both of these questions.

(<http://www.healthpolicy.iupui.edu/projectDetail.aspx?projectID=4338>; <http://www.nrepp.samhsa.gov/ViewAll.aspx>). Suzanne O’Malley asked about some of the risk factors. Has anyone ever studied why children have a lack of interest in school? Barbara answered in the negative but will get back in contact with her. Mindi Goodpaster asked what are some community barriers so we can make use of all of these resources? Barbara stated that schools have to go through a process to select their curriculum and there has been a lack of time for schools to make those determinations. Testing is a bigger goal rather than selecting a curriculum. Suzanne Clifford asked how doctors know how to access all of the information Barbara presented. Barbara stated that we need to increase awareness to doctors and look and see how other states are doing things.

Tricia Akers, Director, Hamilton County Youth Assistance Program

The Youth Assistance Program was launched in 2009 in Westfield, IN. The goal is to intervene at the earliest point to keep kids out of the criminal justice system. An early intervention advocate is assigned to a school, and children are referred to this voluntary program by parents, police citizens, and school counselors. The program works with only 3-17 ½ year olds. About 90% of all cases come from the school guidance counselor. If the parent consents, they can access school records and other details then they could have without the current law. The program offers tutoring, mentoring, and coordinates services for these youth. Additionally, the program helps families identify and coordinate programs in the community.

Another component to Youth Assistance Program is the creation of a 501(c)(3). The board of this not-for-profit supports the Youth Assistance Program and the works for the judges. The board helps raise the funds to put kids through evidence-based programs (mental health programs, extra curricular programs, etc). Much of the program is funded through this 501(c)(3).

The program is there to identify gaps in services for children. For example, if they fund a gap in mentoring programs they essentially address the issue.

Boone County has launched its own Youth Assistance program. Shelby County is soon to launch a program, and Johnson County is in the beginning stages of establishing a Youth Assistance Program.

It will have to take a judge to look at this issue in a completely different way for them to buy in to this program.

Parri Black asked about funding and how the judges are accessing? Tricia replied that each community is unique. It may be paid by the County, City, fundraising events, or a 501(c)(3). A case load of 50 kids would be idea.

Subcommittee Updates:

Senator Head a few weeks ago asked the Commission on Improving the Status of Children how to handle the suicide issue and education curriculum. Additionally, he met with Dr. Lockwood, Chair of the Educational Outcomes Task Force and will bring more in this area. He also mentioned that perhaps the task force is at a new point to rethink subcommittees because the task force will be tackling the suicide and education curriculum issues. He wants to give Mindi at least one full meeting to discuss the teen suicide issue.

Mindi Goodpaster handed out her briefing paper. One thing that was missing is legislative recommendations. Mindi pointed out seven recommendations: 1) expand SEA4 Suicide Prevention (2011) to require all teachers be trained in evidence-based suicide prevention and awareness; 2) incentivize training and education for more youth-serving professionals including child psychiatrists, psychologists, social workers, school counselors, and others and expand the workforce in rural areas. 3) ensure that all professionals serving children are trained in evidence-based suicide prevention; and intervention; 4) ensure that all schools have a written policy and procedures covering suicide prevention, suicide attempts, and suicide postvention; 5) improve access to both inpatient and outpatient behavioral health programs to promote mental health, relevant social services, and prevent substance abuse and suicide; 6) build more comprehensive psychiatric response and stabilization services; and 7) expand the mental health and substance use disorder workforce to address the severe shortage. We need to identify which ones we want to implement. Our current state suicide plan has no teeth. We need to increase teacher training, but the cost may be restrictive.

Topic Proposals for Next Meeting:

- No suggestions. Next meeting was tentatively set for January.
- By next meeting each subcommittee is to report as to whether they want to stay intact.
- We need to synthesize all of our recommendations to give the legislature with something to work with.

Adjourn:

- 2:42 P.M.